

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF DELAWARE

EMANUEL JONES

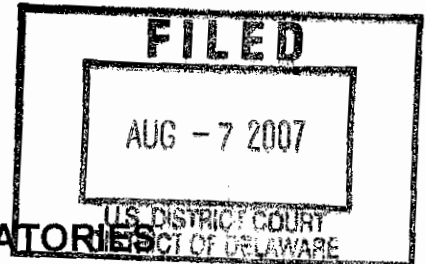
Plaintiff,

v.

C.A. No. 06-674-SLR

OFFICER NORRIS and NEW CASTLE  
COUNTY POLICE DEPARTMENT,

Defendants.



**DEFENDANTS' FIRST SET OF INTERROGATORIES  
DIRECTED TO PLAINTIFF**

Defendants, pursuant to Rule 33 of the Federal Rules of Civil Procedure, require that plaintiff answer fully and under oath each of the following interrogatories, within thirty (30) days of the date of service hereof.

**Definitions and Instructions**

A. "Documents," as used in these Interrogatories, is employed in the broadest possible sense under Rule 33 of the Federal Rules of Civil Procedure and means without limitation any written, printed, typed, photostated, photographed, recorded or otherwise reproduced communications or reproductions, whether assertedly privileged or not including all copies or drafts of any such document which differ in any response from the original.

B. "Person," refers to the plural as well as the singular, of any natural person, firm, corporation, association, group, or organization, unless specifically stated otherwise.

C. "You" and "Your," as used in these interrogatories, shall mean the party to which these interrogatories are directed, its agents, officers, directors, and employees, and all other persons acting or purporting to act on its behalf of all of its representatives, including its attorneys.

D. "Identify," as applied to a person, means to furnish, except as otherwise noted, his/her name and present or last known residence and business address, and, if a corporation, the state of incorporation.

E. Whenever you are required to "identify" a communication of any type and such communication was oral, the following information should be furnished:

- (1) By whom it was made and to whom it was directed;
- (2) Its specific subject;
- (3) The date upon which it was made;
- (4) Who else was present when it was made; and
- (5) Whether it was recorded, described or summarized in any writing of any type and, if so, the identity of such writing in the manner indicated below.

F. Whenever you are requested to "identify" a communication and such communication was written, the following information should be furnished (in place of identification, production is acceptable):

- (1) Its nature (e.g., letter, memorandum, telegram, note, drawing, etc.);

- (2) Its specific subject;
- (3) By whom it was made and to whom it was directed;
- (4) The date upon which it was made; and
- (5) Who has possession of the original and any copies.

G. If you object to any of the interrogatories herein, whether in whole or in part, on the grounds that the information sought therein is privileged or confidential, state the following:

- (1) Identify the privileged document or communication;
- (2) Identify the persons who received or have received the privileged document and/or the persons present during the privileged communication;
- (3) Identify the person who made the privileged document or communication;
- (4) Identify the general subject matter of the privileged document or communication; and
- (5) State the basis for your claim of privilege with respect to each such document or communication.

H. These interrogatories are considered to be continuing in character, and whenever additional information responsive to them, but not supplied in answer to them is obtained or becomes known to plaintiff, it shall be supplied in writing under oath to defendant as though expressly requested by separate interrogatories.

### Interrogatories

1. State your full name, other names by which you have been known, date of birth, social security number, present address, and other addresses where you have resided within the past ten (10) years.

Answer:

EMANUEL JONES AKA: HASSAN  
4/26/71 157-60-0119  
38 TODDS LANE  
109 NEWTON DRIVE BEAR, DE

2. State the name(s), age(s) and address(es) of all witness(es) to the incident set forth in the complaint and all persons who have knowledge of facts concerning how the incident occurred, and indicate each witness/person from whom a written or recorded statement has been obtained by you, your agent or your attorney.

Answer:

A Daniel Jones [written notarized statement]

3. State the name(s) and address(es) of each individual who was present at the scene of the incident within thirty (30) minutes before and after it allegedly occurred.

Answer:

Both women were handcuffed and placed in the police car. Statements were made and they were released. See second request for discovery.

4. State the name(s) and address(es) of each individual, other than those listed in the answer to interrogatories 2 and 3, who have knowledge of the facts concerning how the incident occurred.

Answer:

N/A

5. With reference to any report, memorandum, or resume prepared by you or anyone acting on your behalf, but not necessarily limited to, any investigator, insurance adjuster or other person pertaining to any of the facts alleged or referred to in the pleadings, give the date of each such matter in writing and as to each date given, state:

(a) The name and address of the person(s) who prepared such writing and the name, address and identity of the employer of such person(s);

(b) Whether such writing was prepared by you or on your behalf;

(c) The number of pages of such writing;

(d) A general description of such matter in writing (for instance, 2-page, typed summary of an interview between investigator Jones and witness Smith dated January 1, 1966, or, 5-page report by investigator Smith concerning the results of his investigation of the facts of the incident, etc.);

(e) Whether such writing was prepared under the supervision of, or pursuant to, the instructions of your attorney and, if so, the name and address of that attorney;

(f) The name(s) and address(es) of person(s) who have copies of such matters in writing.

Answer:

N/A



6. State in detail each injury, illness, complaint, or disease you claim to have suffered in the incident or as a result of the incident upon which the complaint is based and as to each such separate designation state:

- (a) The date of its onset if different from the date of the incident;
- (b) The name and address of the physician or other person trained in the healing arts who treated you for that condition and the dates of each such treatment and the nature of the treatment;
- (c) If such condition has cleared or resolved, the date of its clearing or resolving.

Answer:

Chronic Back Pain that runs up through the back of my legs, and causes numbness in my thighs, Tingling sensation in my right foot.

I have been depressed about the nature of the treatment I endured during this incident.

7. If, at any time prior to the date of this incident, you suffered from any injury, illness, complaint or disease that was in any way similar to the symptoms you claim to have suffered as a result of this incident, please state:

- (a) The specific symptom previously suffered;
- (b) The dates upon which you had such symptoms;
- (c) The date it was resolved completely, if ever, before the incident;
- (d) The name and address of the physician or other person trained in the healing arts who treated you for the condition and the dates and nature of the treatment.

Answer:

NO

8. If you have been treated by any physician or other person trained in the healing arts since the date of the incident at any time, for any condition other than those specified in the answer to the previous interrogatory, give a specific description of such condition and, as to each condition so described, state:

- (a) The name and address of the doctor treating such condition;
- (b) The dates of the treatment;
- (c) The nature of the treatment.

Answer:

N/A

9. With reference to any treatment received at any hospital as an outpatient and as a result of the injuries you claim to have sustained in this incident, state the date of such treatment and, as to each date stated, state:

- (a) The name and address of the hospital;
- (b) The injuries, illnesses, diseases or the like for which you were treated;
- (c) The nature of the treatment;
- (d) The number of hours you were in the hospital;
- (e) The name and address of the medical personnel treating you.

Answer:

YES Seek Treatment while awaiting  
the outcome of criminal charges. At the  
Young's Correctional Center

Examination and medication  
may have nerve damage

10. With reference to every inpatient hospitalization of you which was a result of the injuries, damages, illnesses or diseases sustained by you as a result of this incident, state the inclusive dates of such hospitalization and, for each set of dates stated, state:

- (a) The name and address of the hospital;
- (b) A specific description of each and every condition treated during such hospitalization, whether or not such condition was caused wholly or partly by the incident;
- (c) The nature of the treatment;
- (d) The name and address of the physician or person skilled in the healing arts who prescribed and supervised such treatment;
- (e) A specific description of the plaintiff on the date of discharge.

Answer:

Records must be drawn from CMS  
medical supplier to the D.O.C.  
Stay one week for back pain in the  
infirmary.

11. If you were admitted to a hospital at any time since the date of the incident on any dates not specified in answers to the previous interrogatories, give the date of admission, the name and address of the hospital and the condition for which you were admitted.

Answer:

NO

12. If you are under the care of any physician, surgeon, or other person skilled in the healing arts at the present time, state the name and address of such person and, as to each person stated, state:

- (a) The condition which is under that person's care;
- (b) The date of your last examination or treatment by that person;
- (c) The nature of the treatment or examination at the time specified above;
- (d) When you first came under the care of such person.

- (e) The date on which you were last treated or examined and the name and address of the doctor making such examination or treatment.

Answer:

May 27 2007 came under the care of The staff nurse at level 4 work release center (Plummer Center) was given Ibuprophen for pain.

13. If you have fully recovered from any of the injuries, illnesses, complaints, discomforts or diseases which you claim resulted directly or indirectly from the incident, describe such injuries, illnesses, complaints, discomforts or diseases from which you have recovered and, as to each, state the date of such recovery.

Answer:

N/A

14. If you claim to be permanently disabled in any respect, describe in detail each way in which you claim to be permanently disabled and, as to each, state:

- (a) The name and address of the physician having knowledge that such disability is permanent;
- (b) If you claim such permanent disability can be described in terms of percentages of loss of use, state such percentage.

Answer:

Back and leg pain. Very difficult to walk or sit for any period of time. I have trouble "bending".

15. If x-rays, imaging studies or radiographic studies were taken in connection with any complaints you sustained as a result of the incident, state the dates when such x-rays, imaging studies or radiographic studies were taken and, as to each date stated, state:

- (a) The name and address of the person taking the x-rays, imaging studies or radiographic studies and the place where they were taken;
- (b) The part of your body on which the study was made;
- (c) If the x-rays, imaging studies or radiographic studies were reported as normal or, if not, what abnormality was reported to have been shown.



Answer: Yes

X rays at the Infirmary August of  
2006 CMS J Young Correctional Center

16. State whether you or anyone on your behalf has received doctors' or hospital reports or records related to your injuries. If the answer is "yes", state:

- (a) The names and last known addresses of the persons making or preparing them;
- (b) The dates when they were made or prepared;
- (c) The nature of such reports or records;
- (d) At whose request they were prepared;
- (e) The name and last known address of the person or persons presently having custody of them.

Answer:

No

17. If you have ever been involved in any prior incident of any kind whatsoever including automobile accidents, falls, something falling on you, or in any other way whatsoever, in which you sustained physical injuries or damages of any kind whatsoever, state the date of such incident and, as to each date stated, state:

- (a) A general description of the accident;
- (b) A general description of your injuries;
- (c) The duration of your injuries;
- (d) The name and address of the physician or other person treating them;
- (e) If you sustained, or at any time after the incident claimed or anyone on your behalf claimed that you sustained permanent injury in that incident, then state specifically the nature of that permanent injury or the claim of permanent injury and, insofar as any physician at any time after that incident claimed to find a permanent injury give the name and address of that doctor and identify by date any reports in which he may have stated a finding of permanent injury;
- (f) Insofar as a claim was made by you or on your behalf against any person, corporation, insurer (under your own policy or any other policy for damages or expenses or loss resulting from such injury) state the name and address of the person, corporation or organization against which such claim was made, a specific description of the nature of the claim (as, for instance, for general damages and special damages due to negligence of the other party, a claim for accident and health benefits, etc.). If such claim was paid or settled, state the total amount of such payment or settlement and the name and address of the insurer or other person actually making such payment.

Answer: NO

18. If you have been involved in any accident subsequent to the incident which is the subject of this litigation, supply the same information as requested in the previous interrogatory.

Answer:

no N/A

19. If you have ever received any worker's compensation payments of any kind, whether or not in connection with this litigation, state:

- (a) The name and address of the employer and the name and address of the insurance company paying such benefits;
- (b) The date of the incident for which the payments were made;
- (c) The inclusive dates of payment;
- (d) Whether such payments included any payments for permanent disability and if so, what such permanent disability was;
- (e) The local claims office address of the compensation insurer which processed the claim and the name of the local representative with whom the plaintiff or his/her agents dealt.

Answer:

no n/A

20. Insofar as you have, in connection with the injuries you received in this litigation, received payment, or had payment made on your behalf of any expenses or losses resulting from this litigation, except as already listed in answer to the previous interrogatory (as, for instance, payments made by Blue Cross or any other incident and health insurer, any employer on wage continuation plans or the like, or any other source whatsoever), state the name and address of each person, corporation or organization providing such payments or benefits and, as to each person, corporation or organization named, state:

- (a) The basis on which the payment was determined (as, for instance, payment for medical expenses incurred, payment for loss of wages based on wages previously received, or payment of monthly disability amounts);
- (b) The amount of each individual payment and its date;

(c) Whether the payor has a subrogated interest in this litigation for any part of such payment.

Answer:

NO N/A

21. If you claim the right to recover any "out-of-pocket" expenses, including but not limited to medical expenses and without regard to whether such claim was previously stated in the Complaint, state the dollar amount of such expenses and, as to each such amount stated, state:

- (a) The date when it was incurred;
- (b) The name and address of the person or organization to whom it was incurred;
- (c) A description of the goods or services for which it was incurred.

(NOTE: If you claim the right to recover in this litigation any amounts listed in the answers to the previous interrogatories, designate here specifically which amounts you claim the right to recover.)

Answer: Yes

Records of visits must be ordered  
by the Courts, from DOC,

22. If you claim the right to recover medical expenses in the future in connection with the injuries resulting from the incident which is the subject of this litigation, state:

- (a) The approximate dates when such expenses will be incurred;
- (b) An itemized statement of the amount of each such expense which will be incurred and a description of the service or goods for which such expense will be incurred.

Answer:

\$5000 and on-going for possible  
operation / procedural, and rehab.

23. If you claim any loss of income or earning power as a result of the incident which is the subject of this litigation, either in the past, at present, or in the future, state:

- (a) The amount of income you claim to have lost as a result of the incident or the total dollar value of the loss of earning power you claim to have lost as a result of the incident and identify specifically whether the claim is for loss of income or for loss of earning power and describe specifically the manner in which you calculate the amounts stated in the answer to this interrogatory;
- (b) The specific inclusive dates when you claim to have been wholly unable to work as a result of the incident and the reason why you were unable to work on such dates;
- (c) The specific inclusive dates when you were partially unable to work as a result of the incident and the reason why you were partially unable to work on such dates;
- (d) A specific description of the type or types of work you would have been performing or would have been able to perform during the period stated in answer to the previous two sub-questions of this interrogatory and the reason you were unable to perform that work;
- (e) The rate of income which you would have been able to receive except for the incident (as, for instance, \$1.00 per hour, \$50.00 per week, etc.);
- (f) If you claim that you would have been employed during the periods of your disability, the name and address of the person or organization which would have been your employer during the period of time when you claim to have lost income;
- (g) If you claim loss of earning power instead of loss of earnings, the name and address of the persons or organizations by whom you



could have been employed during the period when you claim to have sustained a loss of earning power;

(h) If you claim that you would have been or could have been self-employed during the period of your disability, state the type of work in which you would have or could have been involved and the amount of money you claim you would have earned during the period of your disability.

Answer:

Medical is very shady here. They have been cited through Class Action suits for their deliberate Indifference. I am now seeking to seek medical help once on ~~probation~~, the outside of Jail. (November 2007)

24. State the name and address of each person or organization by which you were employed within ten years before the incident, or if none, then the name and address of your last employer at any time before the incident. State:

- (a) The inclusive dates of employment;
- (b) A specific description of the work you performed;
- (c) Your rate of pay;
- (d) Name and address of your immediate supervisor.

Answer:

Vine land Poultry — \$ 7.00 hr — weekly  
Old Country Buffet \$ 8.00 hr (2) weeks

25. If you have been employed at any time since the incident which is the subject of this litigation, state the name and address of each employer, and, as to each, state:

- (a) The inclusive dates of such employment;
- (b) A specific description of the work performed;
- (c) The name and address of your immediate supervisor or superior;
- (d) Your rate of pay for such work.

Answer:

Country Buffet

- (a) June 28<sup>th</sup> 2007
- (b) Dishwasher, Utility
- (c) Manuel Murillo / Address not available
- (d) \$ 7.00 an hour

26. State whether or not you, or any person on your behalf, has brought any claim against any other person or organization for the injuries for which this action is brought. If so, please state the name and address of each such person and/or organization and the nature of the claim, and identify the document(s) submitted in presenting the claim.

Answer:

N/A

27. Have you ever instituted a civil action (other than this one) in any court or have you ever been a defendant in a civil action in any court? If so, please state the name and address of the court, the names and addresses of other persons or corporations who were parties to such action, the civil action number, the date (including the year, and if possible, month) when such action was instituted, and whether or not you were a plaintiff or defendant.

Answer:

NO

28. Have you ever pleaded guilty to or been convicted of any crime other than traffic violations, and if so, please state:

- (a) The nature of the offense; *Burglary 2nd*
- (b) The date; *5/28/2006*
- (c) The name and number of the court proceeding such as Justice of the Peace Court, Superior Court, etc.; *Superior Court*  
*Case # 06040390*
- (d) The sentence given to you. *1 year and 30 days*

Answer:

29. Please state whether you have ever had a conversation with any named defendant and if so, state the following:

- (a) The name and address of all persons present;
- (b) The date and place of the conversation;
- (c) The general nature of the conversation.

Answer:

- (a) Darnell Jones
- (b) Gender Hill phone conversation
- (c) He witness the entire situation

30. State the name and address of every expert retained or employed by you in anticipation of this litigation or preparation for trial, whether or not you expect to call him as a witness at trial, and, as to each, state:

- (a) The dates of initial employment;
- (b) The date or dates of any reports, letters or other writings prepared by such person, a brief description of such writing (as two page letter, three page report, etc.), and the names and addresses of persons having copies of them;
- (c) Whether such expert has also rendered any service, in connection with any aspect of any subject matter involved in this litigation, other than in anticipation of this litigation or preparation for trial (as, for instance, giving medical attention required by the accident, designing machinery involved in the accident, etc.).
- (d) Whether you have provided a statement to said expert with regard to the alleged incident that is the subject of this lawsuit?

Answer:

N/A

31. If you claim that any defendant violated any statute, State or Federal, or any regulation, code requirement or other mandatory instruction from any government authority whatsoever, specify in sufficient detail to enable any defendant to locate such statute, regulation, rule code provision or mandatory instruction, the authority issuing it, and describe specifically the manner in which it was violated.

Answer:

N/A



32. Describe what and how much you had to eat on the day of, or immediately prior to, the alleged incident that is the subject of this lawsuit.

Answer:

N/A

33. Describe in detail your version of the alleged incident that is the subject of this lawsuit.

Answer:

Police Officer Norris pulled up to the house, got out of the car and proceeded to the back of the house. Two women were in the house with me. One (Sonya) went out the back door to see what the officer was doing. The officer had a few words with her, arrested her and put her on the back seat of the police car. Officer ~~Norris~~ draws his gun and proceeded back to the ~~Norris~~ side of the house. I looked out the back door and Officer Norris pointed the gun at me.

I went back in the house and out the front door. When he saw me he ran and told me to stop! I put my hands in the air and place -33- them on the car in front of me.

Officer Norris tolded me to get down on the ground I tolded him I had bad knees and legs. He then yelled... "Get down on the ground you fucking Nigger!" He then shot me with the tazer in my back.

On arrival at the Police Station he then threaten me to refuse medical treatment or he would press mor charges and make my life a living hell!!

34. If, within a 24 hour period immediately prior to the date and time of the incident set forth in your complaint, you ingested or utilized any alcoholic beverages, pharmaceuticals, narcotics or drugs, identify the type and amount of each substance and the time it was ingested.

Answer:

N/A

35. Give a detailed description of the events and circumstances surrounding your claim that the defendant(s) used unreasonable force, specifying:

- (a) The precise location of the events referenced in your complaint;
- (b) The name of every police officer who you alleged used said unreasonable force, and a description of the force allegedly used against you;
- (c) The name of every police officer who you claim has knowledge of the incident;
- (d) Everything you heard each police officer say during the incident, the identity of each officer making the statement, and everything you said to each police officer;
- (e) Any physical force used against each police officer and his identity.

Answer:

See page 32

36. State whether you have ever made a claim (prior or subsequent to the incident referred to in your complaint) against any other Federal, State, municipal or other governmental entity or police officer, or whether you have ever been the subject of a claim or incident involving any Federal, State, municipal or other governmental entity or police officer . If so, for each claim specify:

- (a) the identity of the police officer or governmental entity involved;
- (b) the date of the claim; and
- (c) for any police officer, the name of the officer, the name of the police department, entity, or organization employing the police officer; and
- (d) the nature of the claim.

Answer:

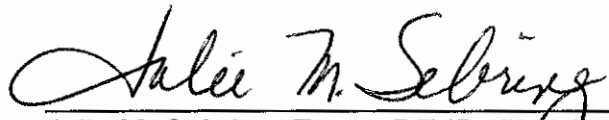
NO

37. State whether at any point in the criminal proceedings which directly resulted from your arrest on the date of this alleged incident, a challenge was made to the existence of probable cause for your arrest and if so, state the disposition of each challenge, the name of the judge who entered the appropriate ruling, and each date each ruling was entered.

Answer:

NO

NEW CASTLE COUNTY OFFICE OF LAW



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*Attorney for Defendant*

Dated:

7/10/07

Emanuel Jones # 557338

Plummer Community Correctional Center

38 Wilford St, DE 19801 AUG 2007

Wilmington, DE 19801



OFFICE OF THE CLERK

UNITED STATES DISTRICT COURT

844 N. KING ST LOCKER BOX 18

WILMINGTON, DE 19801-3570